

MDR Tracking Number: M5-04-2504-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 4-09-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, therapeutic exercises, and functional capacity evaluations rendered from 7/10/03 through 12/10/03 **were found** to be medically necessary. The joint mobilizations, myofascial releases, manual traction, manual therapies, range of motion testing, muscle testing, work hardening and unlisted neuro-diagnostic procedures rendered from 7/10/03 through 12/10/03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 13<sup>th</sup> day of July 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 7/10/03 through 12/10/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 13<sup>th</sup> day of July 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/rlc

June 10, 2004

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IRO Certificate No.: 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence, office notes, physical therapy notes, EROG's, FCE, operative and radiology reports.

Information provided by Respondent: designated doctor exams.

Information provided by Pain Management Specialist: office notes and operative reports.

### **Clinical History:**

The records indicate the patient was initially injured on her job on \_\_\_\_\_. She underwent approximately 6 weeks of therapy in the clinic with fair results, and then changed doctors. On 6/20/03, she was evaluated and an additional aggressive treatment program was begun. Over the course of treatment, the patient had passive therapy with progression into active therapy. Additional diagnostic testing was performed. Appropriate referrals were made. The patient underwent injection therapy.

The patient underwent a functional capacity evaluation on 10/8/03. At that time, low back pain intensity was seven and the left hip intensity was eight. However, further results of this functional capacity evaluation show she was rated with a physical demand level of light duty. This patient had an initial trial of physical therapy after her injury. After seeking care at another facility, an aggressive passive therapeutic program with progression into active therapy was performed. For several weeks during the period of denied services, this patient underwent therapeutic exercises three times a week. She also ended up having three ESIs and was sent for surgical consultation.

**Disputed Services:**

Office visits, joint mobilization, myofascial release, therapeutic exercise, manual traction, manual therapy, ROM, MT, work hardening, FCE and unlisted neuro-diagnostic procedures from 07/10/03 through 12/10/03.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier as follows:

Medically necessary from 07/10/03 – 12/10/03:

Office visits

Therapeutic exercises

FCE

Not Medically Necessary from 07/10/03 – 12/10/03:

Joint mobilization

Myofascial release

Manual traction

Manual therapy

Range of motion testing

MT

Work hardening

Unlisted neuro-diagnostic procedures

**Rationale:**

The National Treatment Guidelines allow for this type of treatment for this type of injury; however, not to the intensity, frequency, and magnitude this patient has received. It was, in fact, reasonable, usual, customary, and medically necessary for this patient to receive office visits, therapeutic exercises, as well as a functional capacity evaluation during the period of 7/10/03 through 12/10/03. All other services, that is joint mobilization, myofascial release, manual traction, manual therapy, ROM, MT, work hardening, and unlisted neurodiagnostic procedure during that period were not medically necessary.

The patient had received an adequate trial of conservative care from shortly after her initial injury date of \_\_\_\_ until the functional capacity evaluation of October 8, 2003. There is not sufficient documentation and/or reasoning for this patient to require a multidisciplinary program of work hardening. The fact that the patient continued to exhibit only a light job classification at the time of her functional capacity evaluation in October, as well as continued to have extreme high pain intensity levels of 7-8, it is of great concern that the patient had undergone several weeks of therapeutic exercises and other physical therapy as well as injections.

Since she had not responded favorably to the previous six months of treatment, it would not be reasonable to expect that she would respond favorably to even more intensive work-hardening program. In regards to this fact, the patient could have been returned to work restricted duty, 4-6 hours per day, and it would have been feasible for the patient to undergo a work-conditioning program of 2-4 hours per day for 2-4 weeks in an attempt to assist her to recover from her apparent de-conditioned status.

Sincerely,